

Early Intervention in Psychosis (EIP) Understanding systems: Engaging with stakeholders

The EIP national programme is currently working to develop, design and deliver EIP services together with two pathfinder sites: NHS Dumfries & Galloway and NHS Tayside. This case study identifies some of the facilitators and challenges experienced when engaging with stakeholders, and the ways these were met by the pathfinder sites.

Background

The aim of this case study is to share learning from EIP pathfinder sites when engaging with stakeholders, to aid other boards when establishing an EIP service. The content of the report is gathered from conversations and emails with EIP staff from NHS Tayside and NHS Dumfries & Galloway, people with lived experience and people from the third sector.

NHS Tayside – Hub model

- City centre location in Dundee, broad range and availability of third sector organisations
- Established local lived experience reference group
- Referral route is via a stepped care model, currently from secondary mental health services only

NHS Dumfries & Galloway – Bespoke model

- Rural location
- Establishing local lived experience reference group
- Referral pathway open to GPs and secondary mental health services



Outdoor activities organised by Branching Out. Left: two people by a smoky fire pit, one laughing and holding a pan. Right: head made out of clay, leaves and seedpod on a stick. Image(s) source: Dumfries & Galloway EIP Service

Stakeholder mapping

	Healthcare services	People with lived experience	3 rd sector organisations	Educational institutions
Who?	<ul style="list-style-type: none"> Community Mental Health Team Child and Adolescent Mental Health Services Tayside: MacX Team Unscheduled care Primary care Inpatient Mental Health Teams Drug and alcohol services 	<ul style="list-style-type: none"> Dumfries & Galloway: People with lived experience identified through engagement with third sector organisations (for example Change Mental Health, formerly Support in Mind) Tayside: Peer support worker Local lived experience reference groups Families and carers 	<ul style="list-style-type: none"> Change Mental Health; Branching Out; Scotland's Mental Health Partnership and Third Sector Interfaces Scotland Network Dumfries & Galloway: Carers Trust, Third Sector Dumfries and Galloway Tayside: Wellbeing works; Hot Chocolate youth café; We Are With You; HaVeN; Food larders, Brooksbank; Barnardos Works; Enable, Dundee Volunteer & Voluntary Action 	<ul style="list-style-type: none"> Dumfries & Galloway: University of Glasgow, University of West of Scotland, Dumfries College, Scotland's Rural College (SRUC) Tayside: University of Dundee, Abertay University, Dundee College 
How?	<ul style="list-style-type: none"> Online and in person presentations about what the EIP service can provide, adapted to the audience Awareness sessions with staff Assessments on wards Promotion at Nursing and Midwifery and Allied Health Professionals Conference Leaflets to GP surgeries Newsletter communications 	<ul style="list-style-type: none"> Social media surveys Online and in person engagement groups Communication and co-ordination between local lived experience reference group and EIP service Good relationships with engagement project worker (Change Mental Health) and HIS community engagement officer 	<ul style="list-style-type: none"> EIP team members attend some meetings and provide courses and general education on first episode psychosis Following community centres on social media Build up of a library of services in the area Tayside: Recovery road map; Peer support worker face-to-face outreach with organisations 	<ul style="list-style-type: none"> Awareness raising among student support services EIP team to join wellbeing days on campus Education in psychosis to be integrated in university curriculum Stalls at upcoming health and wellbeing days Health promotion through leaflets and posters

“People are really keen and really happy that we're here and you can see that there's a gap, it's a needed service. I think we didn't know about [services] either. You know, we knew bits, we all had our own little kind of niches of knowledge about what was there, but it was the first month that we really then learned about who was there, what they offered, the opportunities that were available - because there's loads.” Peer Support Worker, NHS Tayside

Facilitators to engagement

- People with lived experience and third sector organisations are keen to connect, learn and collaborate
- Openness and adaptability of EIP team to overcome barriers
- Establishing good connections with third sector organisations often leads to further third sector links. This enables a person-centred approach to care throughout the recovery journey and creates a far reaching network for psychosis awareness and anti-stigma campaigns
- Engagement with third sector organisations can:
 - ✓ creatively augment the care typically provided by NHS services,
 - ✓ support some gaps in EIP fidelity model (but not specialist care)
 - ✓ provide non-stigmatising locations for face to face engagement with people with lived experience

“Patients, carers and the other teams and services involved have appreciated face to face conversations with myself and my EIP colleagues to increase knowledge and understanding of EIP. Prior to our team going live we spent time visiting all the services we could think of in the region that sharing knowledge of EIP would be useful for. We also designed an EIP leaflet with info including our contact details. Individuals on our current caseload and their families have appreciated that we have taken the time to share information and be able to contact us with any further questions they may have. Fortunately, starting with a small caseload has meant I can be pretty flexible with my time and can get back to people promptly.” EIP Key Worker, D&G

“I don't think we have met any barriers engaging with people. Everybody has been, you know, so welcoming and pleased to see us talking about [psychosis] and about the stigma.” Peer Support Worker, NHS Tayside

Barriers and considerations to engagement

Barriers to engagement

- Partial implementation of the EIP model and local operating procedures can limit capacity of EIP to engage with stakeholders
- Funding for staff, non-stigmatising facilities, travel expenses
- Capacity of existing NHS resources and third sector organisations
- Slow start for engaging people with lived experience due to stigma or lack of clarity around what the service does
- Limited engagement in online settings

Considerations for engagement in a rural setting

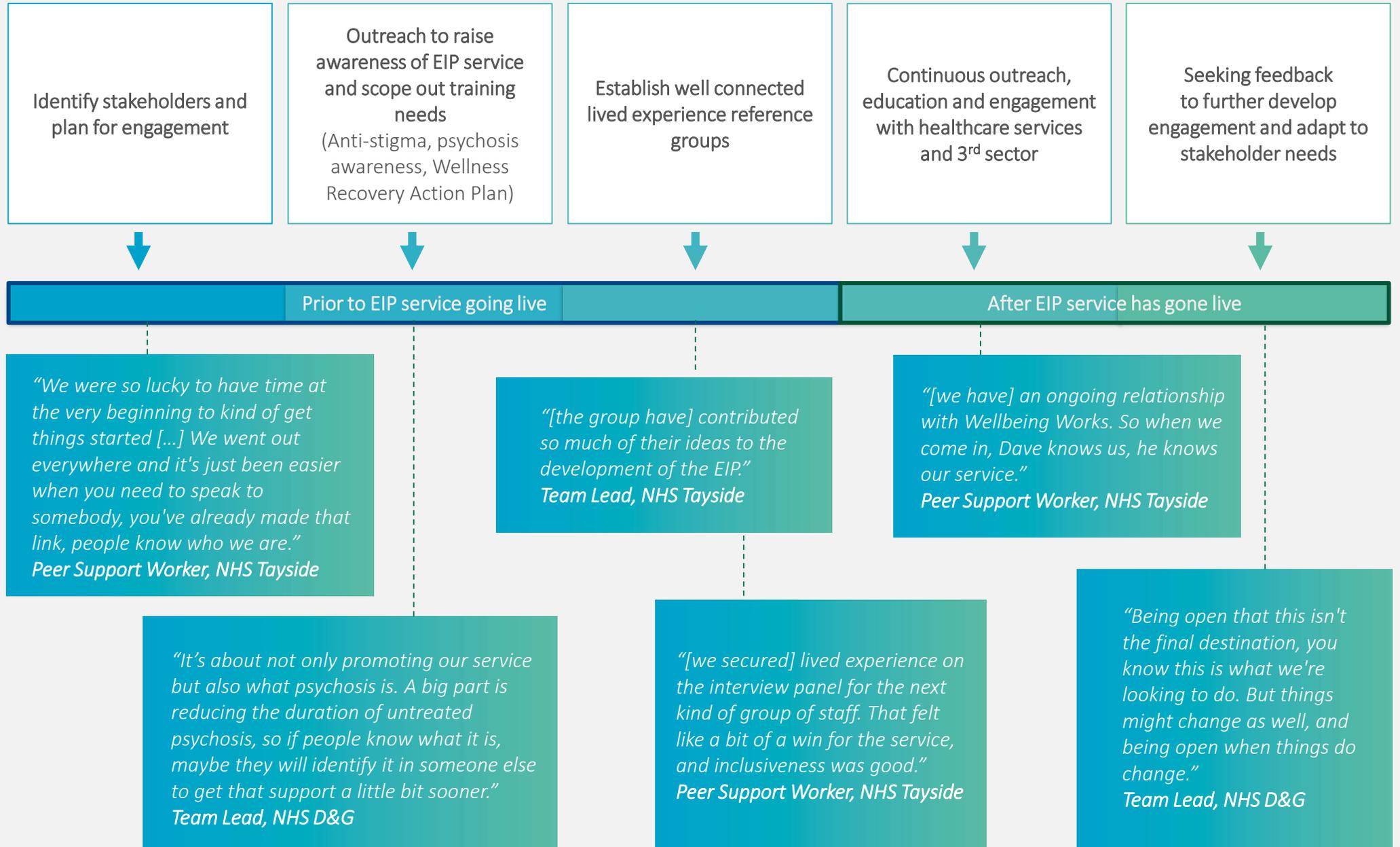
- Engagement might need to start from scratch
- Small pool of people with lived experience and 3rd sector organisations
- Increased travel time around the area – peer support workers needed
- Large geographical areas might have a small and close-knit community

“In order to remove [barriers], identify them first [...] It's really easy to think of support as being like a psychological or emotional thing, but sometimes it's the practicalities of having a phone or having a means of communication and being able to afford it.” Engagement Project Worker, Change Mental Health

“I think it's hard because [...] one hand, we are going out and doing all this lovely stuff and everybody is so super enthusiastic and supportive.. it's frustrating for us because ideally we would be looking for referrals from these stakeholders and we can't do that. [Whilst Tayside work on increasing their staffing, their service is currently closed to new referrals] So I guess I hope that people don't become disillusioned by that.. that's definitely the biggest hurdle and it's out of our hands... We're keen to get things moving forward and it's not happened as fast as we would have hoped, trying to keep our head above water, keep that motivation up, look at who we're working with and celebrate that.” Peer Support Worker, NHS Tayside

“Our only barrier is the fact that there's things that we feel we could be doing now, but actually we need a bigger team to start doing these things.” Team Lead, NHS Tayside

Engagement journey



Focus on third sector

Wellbeing Works, Tayside

A few service users from NHS Tayside are currently taking part in projects offered by [Wellbeing Works](#), a non-profit organisation in Dundee City that provides support to people facing mental health challenges. A range of activities are available, from creative writing to allotment work.

“One of the things that we found out over time is that if an organisation or a referring agent is able to invest a wee bit of time in the individuals - for example bring them in, meet us, have a discussion about what we do, and then go away and say ‘OK, now you’re at the stage where it’s time to look at the next step’ – the success rate is 90-95%. [...] We’ve had a couple of referrals through the early intervention team. Both going really well, both young fellas. And you can see that they are being supported. That has made the transition to come along and join in with the groups much, much smoother.

*The motivation that the staff from the service is quite clear, so that then when they come in and see me and I can tell that they're really passionate and motivated. [...] Knowing there's positive feedback [from senior NHS staff], positive thoughts about the service we provide is a pretty good motivator for us as well.” **Manager, Wellbeing Works***

Dumfries and Galloway Outdoor and Woodland Learning Group (DGOWL) Branching Out

[DGOWL Branching Out](#) is a project which allows participants three hours per week outdoors for 12 weeks. Participants learn outdoor skills and take part in fun activities, while also facilitating social connection. DGOWL Branching Out programme has been shown through evaluation to enhance good mental health and wellbeing. For this particular partnership between the EIP service in D&G and DGOWL Branching Out:

- DGOWL offered participants the chance to talk to their Branching Out leaders through video conference or phone call before starting the programme
- DGOWL Branching Out enabled attendance by ensuring suitable kits for participants and providing transport and/or mileage
- EIP group has been made a single-issue programme
- A data sharing agreement was developed with the EIP service in D&G and DGOWL Branching Out, to ensure data was handled in a sensitive and appropriate manner

“There are practical barriers with the spread of population across Dumfries and Galloway which creates inequalities, and we try to deliver Branching Out at different venues across the region to stop this being a barrier. [...] One of the notable outcomes is the coming together of the group - they have found communalities and formed or renewed friendships and shared experiences together.

*Having a EIP support worker there along with the participants was a great help. Our leaders can then concentrate on delivering their activities while the support worker can highlight any issues and provide direct support to participants if needed. The support worker also participates in the activities enhancing their own mental health through being in an outdoor environment plus seeing their service users in a more informal setting and vice versa.” **DGOWL Branching Out Leader***



Outdoor activities organised by Branching Out. Woman smiling holding a log and carton of milk in a woodland.

Image Source: Dumfries & Galloway EIP Service

Engagement tips for health boards considering setting up an EIP service

- **Connect with stakeholders early on.** This can be developing existing connections as well as identifying new areas for engagement; doing this at the start up phase will enable delivery of person centered care at the point it is needed
- **Trust** is built on clear communication of common purpose, what can be offered and then delivering on this
- **Link roles** such as a peer support worker and an engagement project worker are a valuable resource and a key link between the local and national lived experience reference groups and the NHS board
- **Engagement is reciprocal** and should be beneficial for all parties
- **Engagement is an evolving process.** Review and be reflexive about what engagement looks like at each stage of setting up the service
- **Identify and accommodate engagement needs**, such as offering a range of methods and engagement opportunities that meet stakeholder needs and access requirements such as:
 - ✓ Digital and in-person events in a central, non-stigmatising location
 - ✓ Variety of methods for people with lived experience to contribute
 - ✓ Offer of practical and psychological support for people with lived experience
- Use existing **resource guides** for effective engagement, such as those produced by the Scottish Recovery Network and HIS Community Engagement provided overleaf

“Everybody has been, you know, so welcoming and pleased to see us talking about [psychosis] and about the stigma.” Peer Support Worker, NHS Tayside

“I think people get their backs up if we went in and said where this all singing all dancing service [...]. What we've said is we're a new service with increased capacity to offer more support. It's a new way of working it's not a new therapy or anything like that. It's just having a bit more time to do more time with the families [...]. That makes a difference. Being diplomatic and always pin it to the point of what we're doing to help them as well. [...] I think it's almost like that walking the walk and talking the talk. We've said we'll pick up people really quickly, we can attend appointments, we can come to meetings and we've done that. So that's really helped in terms of engagement.”

Team Lead, NHS D&G

“Everyone has learnt something and gained something.” Co-leader, Branching Out

“It was really difficult on [MS] Teams, people came, people didn't come, people engaged, people didn't engage and we then came up with the lived experience development day and it was absolutely, totally different [...] people were inspired! It was such an engaging day [...] so much more dynamic being in person. I definitely think that in person, lived experience groups are more accessible to younger, more marginalised people with lived experience.” Peer Support Worker, NHS Tayside

“It is just like thinking about that extra step you have to go through so that everybody cooperates and then in the meeting has equal access to materials, but also equal time to review them.” Engagement Project Worker, Change Mental Health

Useful resources

- [Change Mental Health](#) (previously Support in Mind Scotland)
- [Equipping Professionals](#) and [Local HIS Community Engagement Offices](#), HIS Community Engagement
- [Top tips for engaging with people with lived experience](#) and [Learning from the Lived Experience Reference Group: Case Study](#), Scottish Recovery Network
- [The National Standards for Community Engagement](#), Scottish Community Development Centre
- [Ladder of co-production](#), National Co-production Advisory Group and Think Local Act Personal
- [Third sector interfaces](#) and [Public Social Partnerships](#), Scottish Government
- [Stakeholder mapping template](#) and [Communication and Engagement plan](#), TURAS
- [National Standards for Community Engagement](#), VOiCE Scotland
- [Making co-production work](#), VOX Scotland

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- Team lead, NHS Dumfries & Galloway
- EIP Key worker, NHS Dumfries & Galloway
- Team lead, NHS Tayside
- Peer support worker, NHS Tayside
- Engagement project worker (Change Mental Health), who is also part of the EIP Lived Experience Reference Groups, both nationally and locally

Comments were also sought from representatives of third sector organisations who have worked in partnership with the pathfinder sites:

- Manager at Wellbeing Works, Dundee
- DGOWL Branching Out Leaders, Dumfries & Galloway

We would like to thank everyone for sharing their experiences with us.

Keep in touch



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